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| SCC eFile | 2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION | 214522773 | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: INFORMATION SYSTEMS LABORATORIES, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 4/30/2014</p> <p>SCC ID NO: F0406266</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>12,000,000</td> </tr> </table> </div> </div> | | | CLASS | AUTHORIZED | COMMON | 12,000,000 |
| CLASS | AUTHORIZED | | | | | |
| COMMON | 12,000,000 | | | | | |
| <p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 10070 BARNES CANYON RD</p> <p style="text-align: center;">CITY/ST/ZIP: SAN DIEGO, CA 92121</p> | | | | | | |
| <p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p> | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: RICHARD MILLER TITLE: P/CEO ADDRESS: INFORMATION SYSTEMS LABORATORIES, INC. 10070 BARNES CANYON ROAD CITY/ST/ZIP/CO: SAN DIEGO, CA 92121 </td> <td style="width: 5%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: top;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table> | | | NAME: RICHARD MILLER TITLE: P/CEO ADDRESS: INFORMATION SYSTEMS LABORATORIES, INC. 10070 BARNES CANYON ROAD CITY/ST/ZIP/CO: SAN DIEGO, CA 92121 | <input checked="" type="checkbox"/> | OFFICER <input checked="" type="checkbox"/> DIRECTOR | |
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| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | FREDERICK M. BERNTHAL DIRECTOR UNIVERSITIES RESEARCH ASSOCIATION 1111 19TH STREET, NW, STE. 400 WASHINGTON, DC 20036 | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/> DIRECTOR <input type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | PETER F. KUEBLER SR. VP & CFO INFORMATION SYSTEMS LABORATORIES, INC. 10070 BARNES CANYON ROAD SAN DIEGO, CA 92121 | <input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR <input type="checkbox"/> DIRECTOR <input type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | ROBIN FELICE VP & CONTROLLER INFORMATION SYSTEMS LABORATORIES, INC. 10070 BARNES CANYON RD SAN DIEGO, CA 92121 | <input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR <input type="checkbox"/> DIRECTOR <input type="checkbox"/> DIRECTOR |
| I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT. | | | |
| /s/ ROBIN FELICE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | ROBIN FELICE, VP & CONTROLLER PRINTED NAME AND CORPORATE TITLE | 4/29/2014 DATE | |
| It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing. | | | |